

CARBON COUNTY SCHOOL DISTRICT NO. 2 BUILDING USE

RELEASE AND INDEMNIFICATION AGREEMENT DFD-E

In consideration of _____ dollars (\$_____) and being allowed to use the, (referred to as "facility") at _____, Wyoming, I/we, individually and on behalf of the organization of _____, do hereby irrevocably and forever release and discharge Carbon County School District No. 2, and any and all officers, board members, employees, agents and others claiming under the District from any harm, injury or damage, whether foreseen or unforeseen, any and all legal claims or legal liabilities based upon negligence, willful and wanton misconduct or any other legal basis of any kind, nature or description whatsoever involving or relating to bodily injury or death suffered or sustained by me/us, or the organization named herein or any property damage of mine/ours/or the organization's named herein during, caused or in any way arising out of my/our/organization's use of the facility.

Further, I/we individually and on behalf of the organization named herein jointly and severally shall indemnify and hold harmless Carbon County School District No. 2, its officers, board members, employees, and agents and others claiming under the District from and against all claims, actions, causes of actions, demands, damages, expenses, loss or liability for damage to property, or bodily injury or death to persons caused by or in any way arising out of my/our or the organization's use of the facility. Such indemnification shall include, but is not limited to settlements, liens, claims, judgments, demands, attorney's fees and costs.

I/we have also been given a copy of Policy *DFD* and agree to abide by the policy.

Signatures of all other adults using the facility under this agreement:

X _____
X _____
X _____
X _____

Dated this ___ day of _____, 20__

X _____
Signature of Organization Sponsor / Designated Person in Charge

Phone Number: _____

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Room / Area of facility to be used: \_\_\_\_\_

For what activity / program? \_\_\_\_\_

Date(s) of use: \_\_\_\_\_ Total days \_\_\_\_\_

Estimated number of participants: \_\_\_\_\_ Time of use: \_\_\_\_\_

Are you requesting to use any school equipment?      yes \_\_\_\_\_      no \_\_\_\_\_  
If yes, what equipment? \_\_\_\_\_

Are you requesting to use any school supplies?      yes \_\_\_\_\_      no \_\_\_\_\_  
If yes, what supplies? \_\_\_\_\_

Dollar value of supplies to be reimbursed to the school: \$ \_\_\_\_\_

X \_\_\_\_\_  
Signature Approval of Building Administrator

\_\_\_\_\_  
Date of Approval